




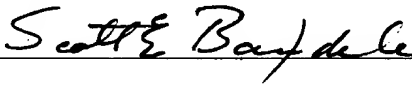
Please type and sign inside this box → 

PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/918,905	
	Filing Date	July 31, 2001	
	First Named Inventor	Zazu Ciuca	
	Group Art Unit	3634	
	Examiner Name	Blair M. Johnson	
Total Number of Pages in This Submission	1	Attorney Docket Number	29498/30003

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		<b>RECEIVED</b> APR 06 2004 <b>GROUP 3600</b>
Customer No. 04743		

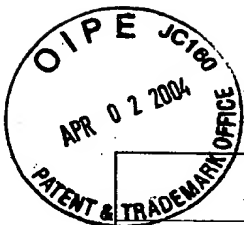
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	MARSHALL, GERSTEIN & BORUN Scott E. Baxendale Registration No. 41,605
Signature	
Date	March 30, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail, in an envelope addressed to: Commissioner for Patents, Mail Stop Non-Fee Amendment, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 30, 2004

Signature: 

Scott E. Baxendale

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
29498/30003Application No.  
09/918,905-Conf. #2325Filing Date  
July 31, 2001Examiner  
Blair M. JohnsonArt Unit  
3634

Applicant(s): Zazu Ciuca

Invention: ONE-WAY TENSIONING MECHANISM FOR CORDLESS BLIND

**RECEIVED**

APR 06 2004

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**GROUP 3600****CLAIMS AS AMENDED**

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	30	- 30 =	0	x	0.00
Independent Claims	7	- 7 =	0	x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00

☒ Large Entity☐ Small Entity☒ No additional fee is required for this amendment.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 13-2855  
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.Dated: March 30, 2004

Scott E. Baxendale

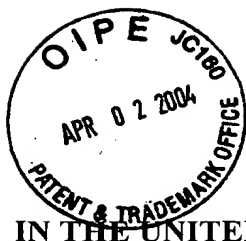
Attorney Reg. No.: 41,605

MARSHALL, GERSTEIN & BORUN LLP  
233 S. Wacker Drive, Suite 6300  
Sears Tower  
Chicago, Illinois 60606-6357  
(312) 474-6603

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 30, 2004

Signature: (Scott E. Baxendale)



3634

PATENT  
Attorney Docket No. 29498/30003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Ciuca, Z.

Application No.: 09/918,905

Filed: July 31, 2001

Title: ONE-WAY TENSIONING  
MECHANISM FOR CORDLESS  
BLIND

Group Art Unit: 3634

Examiner: Blair M. Johnson

) I hereby certify that this paper is being  
) deposited with the United States Postal  
) Service as first class mail, postage prepaid,  
) in an envelope addressed to: Mail Stop  
) Non-Fee Amendment, Commissioner for  
) Patents, P.O. Box 1450, Alexandria, VA  
) 22313-1450 on this date:

) **March 30, 2004**

)

) Scott E. Baxendale

) Reg. No. 41,605

) Attorney for Applicant

**AMENDMENT IN RESPONSE TO DECEMBER 30, 2003 OFFICE ACTION**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**RECEIVED**

**APR 06 2004**

**GROUP 3600**

This amendment is being submitted in response to the non-final Office action dated December 30, 2003. Applicant respectfully requests reconsideration of the application in view of the following amendments and remarks.

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of the claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.